

READY READER

Kansas CMS Emergency Preparedness CoP Newsletter

Issue 16: 22 August 2017

Emergency Preparedness: Survey Process

Starting November 15, 2017, state agency surveyors will begin review of emergency preparedness program procedures as part of their regularly scheduled surveying process. There are no waivers available for emergency procedure program rules and non-compliance with these procedures will follow the same process as noncompliance with any other Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) for the facility. Facilities should be prepared to demonstrate compliance before November 15th. The State Agencies (SA) designate which survey type (either Life Safety Code (LSC) or SA Health and Safety Surveyors) will be responsible for documenting compliance of the Emergency Preparedness program procedures designated with "E" Tags. If you have questions about the surveying process including how surveyors will assess compliance or which type of surveyor will review "E" Tags, please contact your state agency. Appendix Z and the Interpretive Guidance can be reviewed at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>



Real World Activation of the Emergency Preparedness Plan

If a facility experienced an actual natural or manmade emergency that required activation of its emergency plan, it will be exempt from engaging in a community or individual, facility-based full-scale exercise for 1 year following the onset of the actual event, as under sections (d)(2)(i) of the provider and suppliers specific testing requirements. Depending on the specific training and testing requirements for the provider/supplier type and the specific requirements associated with that type, the facility may still need to conduct a table-top exercise in the event the requirements call for one table top exercise and one full-scale exercise.

It is the responsibility of the facility to demonstrate compliance with the requirements and CMS is not specifying the documentation required to demonstrate the compliance. However, facilities who activated their plan for a real-world emergency, may have documentation from the facility such as meeting notes and minutes from an after-action review; annotated documentation of the date/time of the emergency; patient transfers and evacuations which may have occurred during that time, etc.

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Previous issues of the Ready Reader available at <http://www.kdheks.gov/cphp/providers.htm>

Compliance

Facilities are expected to be in compliance with the requirements by 11/15/2017. In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance. The survey process will be the same as is current practice for the providers and suppliers, including enforcement practices. CMS is also working on developing the training for surveyors, which we hope to make accessible to the public.

For further details please review the Final Rule The information can be found at our website at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>.

Full-Scale Exercise

Here are the definitions and differences between what CMS considers a facility-based exercise and a full-scale exercise.

Facility-Based: When discussing the terms “all-hazards approach” and facility-based risk assessments, we (CMS) consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area). Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location, taking into account the patient population. We (CMS) understand that participation in a community based full-scale exercise may not always be feasible or readily accessible. Therefore, if a community-based full-scale exercise is not feasible, the requirement does provide providers with the flexibility to conduct a testing exercise that is based on the individual facility.

Full-Scale Exercise: A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims). Full-Scale exercise is an operations based exercise which typically involves multiple agencies and disciplines and incorporates the requirements for facilities to coordinate and collaborate with their state and local emergency officials. For purposes of the requirement for a community-based full-scale exercise, we (CMS) expect facilities to simulate an anticipated response to an emergency involving their actual operations and the community.

This would involve the creation of scenarios, the engagement and education of personnel, and mock patients/victims. In addition, this would include the involvement of other providers, suppliers, and community emergency response agencies. The intention of this requirement is to not only assess the feasibility of a provider's emergency plan through testing, but also to encourage providers to become engaged in their community and promote a more coordinated response within the facility, across health care providers, and with State and local public health departments and emergency systems.

The Final Rule requires facilities to participate in a full-scale exercise that is community-based or when not available or accessible, the facility may conduct an individual facility-based exercise.

Planning

There are four core elements of the Emergency Preparedness Program and element of the plan must be reviewed and updated annually.

Risk Assessment and Planning – all providers must develop an emergency plan using all hazards approach, plan and identify in advance essential functions and who is responsible in a crisis.

Policies and Procedures – developed based on the plan (e.g. medical documentation, evacuation or shelter and place)

Communication Plan – alternate means of communication, provide info to local authorities sharing medical info, and providing occupancy information and ability to provide assistance to other facilities in the community.

Training and Testing Plan – train staff and test the plan through drills.



Training Opportunity

Save the Date

What: Emergency Preparedness Workshop

Where: St. Joseph Medical Center Auditorium, 1000 Carondelet Drive Kansas City, MO 64114

Date/Time: August 30th, 2017; 8:30-4:30

Contact: Erin Lynch at 816-701-8390 or email elynch@marc.org

Registration: Seating is limited and registration is required. Click [here](#) to register. Please register by Aug. 25, 2017.

Program Overview—This workshop is designed to assist health care providers in cultivating new professional relationships with like organizations and emergency preparedness professionals in the Kansas and Missouri bi-state region to strengthen their emergency preparedness capabilities and help address the centers for Medicare and Medicaid (CMS) Emergency preparedness conditions of participation. The workshop will include a training session on how to conduct table-top exercises.

Question & Answers:

Q: Our hospital has a PT Rehab Department that provides outpatient physical therapy and Speech services. Our hospital contacted CMS to ask if they (the PT Rehab Department) have meet the conditions as set forth in the requirements as specified in the Ready Reader today (Issue 15). They (CMS) stated in an email as long as their CCN (CMS Certification Number or Medicare Provider Number) was the same as the hospital, they (the PT Rehab Department) then come under the hospital conditions of participation. They (the PT Rehab Department) don't have to have a separate risk assessment or EOP as they (the PT Rehab Department) are considered under the hospital's regulations.

A: If the PT department is part of the hospital i.e. under the same CCN, then they should be included in the Hospital's Risk Assessment and Emergency Plan. Any plans developed by the hospital for their Emergency Preparedness should include the PT department. A comprehensive plan would include considerations for shelter in place, sustenance needs and drills and other identified potential risks. On the other hand, if the PT is separately certified, i.e. they have their own CCN then they do need to meet the COP as an independent provider, even if co-located in the building or on the campus of another facility such as a hospital. The co-located providers can (and probably should) collaborate on the plans and drills. The policies may (and should) include language that details these arrangements and expectations but each policy needs to be that of the individual providers for example: Hospital A leases space to a nursing home and a clinic. Each of these 3 have their own CCNs. It is reasonable that in a true disaster, that staff will share some resources and work together for the save evacuation, feeding or safety of all occupants. Since a disaster is unlikely to respect the boundaries of the separate entities, collaboration is encouraged but each policy needs to be named and the ultimate responsibility for each individual provider.

Q: For formatting of the documentation, the standard state policies & procedures are required. Our documents are structured as an Emergency Operations Plan with addendums. Is this allowable?

A: We (CMS) are not requiring a specific format for the manner in which a facility should have their Emergency Plans documented. Upon survey, a facility must be able to provide documentation of the policies and procedures and show surveyors where the policies and procedures are located.

Q: Can continuity of operations, delegations of authority, succession planning be included in the Emergency Operations Plan, or do you expect to see separate plans?

A: We (CMS) are not requiring a specific format for how a facility should have their Emergency Plans documented and in which order. Upon survey, a facility must be able to provide documentation of these requirements in the plan and show where the plans are located.

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